

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

131	1612	5
OMB APPI	ROVAL	
OM8 Number:	3235-0076	
Expires:	May 31, 2005	
Estimated avera	ege burden	
hours per respon	nse 15.00	

SEC USE	ONLY
Presiz	Serial
DATE REC	EVED
1	1

Filing Under (Check box(es) that apply) Type of Filing: New Filing	Amendment	O D OLOE	
	A. BASIC IDENTIFICATION DATA		
Enter the information requested			050731
Dynamic Return LLC	an amendment and name has changed, and indicate change.)		
Address of Executive Offices 8831 Langston Ct., Macedonia		330-908-2898	(including Area Code)
Address of Principal Business Operat fif different from Executive Offices)		Telephone Numbe	r (Including Area Code)
Brief Description of Business			······································
Financial Services		B	्रा विद्या
Type of Business Organization corporation business trust		please specify): ed liability company	DEC 0 8 2005
Actual or Estimated Date of Incorpor Jurisdiction of Incorporation or Organ	Month Year ation or Organization: 0 8 0 5 Actual Est nization: (Enter two-letter U.S. Postal Service abbreviation for State		
GENERAL INSTRUCTIONS	CN for Canada; FN for other foreign jurisdiction)	DE	· · · · · · · · · · · · · · · · · · ·
Federal: Who Must File: All issuers making an Tid(6). When To File: A notice must be file and Exchange Commission (SEC) on	offering of securities in reliance on an exemption under Regulation D of an olater than 15 days after the first sale of securities in the offering the earlier of the date it is received by the SEC at the address given be	r Section 4(6), 17 CFR 2;	ed with the U.S. Securitie
Federal: Who Must File: All issuers making an Trd(6). When To File: A notice must be filed and Exchange Commission (SEC) on which it is due, on the date it was man	offering of securities in reliance on an exemption under Regulation D of ino later than 15 days after the first sale of securities in the offering the earlier of the date it is received by the SEC at the address given be filed by United States registered or certified mail to that address.	r Section 4(6), 17 CFR 2: g. A notice is deemed file elow or, if received at the	ed with the U.S. Securities
Federal: Who Must File: All issuers making an Tid(6). When To File: A notice must be filed and Exchange Commission (SEC) on which it is due, on the date it was mad Where To File: U.S. Securities and I Copies Required: Five (5) copies of the	offering of securities in reliance on an exemption under Regulation D of an olater than 15 days after the first sale of securities in the offering the earlier of the date it is received by the SEC at the address given be	r Section 4(6), 17 CFR 2: 3. A notice is deemed file alow or, if received at the	ed with the U.S. Securition at address after the date or
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Federal: Who Must File: All issuers making an Tid(6). When To File: A notice must be filed and Exchange Commission (SEC) on which it is due, on the date it was mad Where To File: U.S. Securities and I Copies Required: Five (5) copies of the photocopies of the manually signed of Information Required: A new filing to thereto, the information requested in P not be filed with the SEC. Filing Fee: There is no federal filing State: This notice shall be used to indicate a ULOE and that have adopted this fo are to be, or have been made. If a staccompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form. This notice shall be used to indicate a decompany this form.	offering of securities in reliance on an exemption under Regulation D of in olater than 15 days after the first sale of securities in the offering the earlier of the date it is received by the SEC at the address given be filed by United States registered or certified mail to that address. Exchange Commission, 450 Fifth Street, N.W. Washington, D.C 20 his notice must be filed with the SEC, one of which must be manually oppy or bear typed or printed signatures. must contain all information requested. Amendments need only report and C, and any material changes from the information previously supplifies. The second of the Uniform Limited Offering Exemption (ULOE) for second in the Uniform Limited Offering Exemption (ULOE) for second in the Uniform ULOE must file a separate notice with the late requires the payment of a fee as a precondition to the claim for	r Section 4(6), 17 CFR 2: A notice is deemed filelow or, if received at the 1549. A signed Any copies not the name of the issue tied in Parts A and B. Par	ed with the U.S. Securities and dress after the date of manually signed must be and offering, any changer E and the Appendix needs that have adopted or in each state where sain the proper amount shift in the proper amount shift and the proper amount shif

Managing Partner	!		BASIC	C IDENTIFICATION DAT	Α		7
Each beneficial owner having the pomer to vote or disposit, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each security officer and director of corporate issuers and of corporate general and managing partners of partnership issuers, and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beseficial Owner Executive Officer Director Mosaging Partner Fall Name (Last came first, if individual) Guenther, Ericka Business or Residence Address (Number and Street, City, State, Zip Code) SSS 11 Langston C.L., Macedonia, OH 44056 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Misnaging Partner Full Name (Last name first, if individual) Guenther Capital LLC Business or Residence Address (Number and Street, City, State, Zip Code) SSS 11 Langston C.L., Macedonia, OH 44056 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Minaging Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Minaging Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Minaging Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Minaging Partner Full Name (Last name fir	2. Enter the information :	equested for the fo	llowing:				
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply:	· Each promoter of th	e issuer, if the issu	uer has been organize	ed within the past five year:	3,		
Each general and managing partner of partnership issuess. Check Box(es) that Apply:	· Each beneficial owne	r having the power	to vote or dispose, or	direct the vote or disposition	of, 10% or more of	a class of equity securities of the issue	et.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Guenther, Ericka Business or Residence Address (Number and Street, City, State, Zip Code) Basil Langston Ct, Macedonia, OH 44056 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Guenther Capital LLC Business or Residence Address (Number and Street, City, State, Zip Code) Basil Langston Ct, Macedonia, OH 44056 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Fartner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Fartner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	• Each executive offic	er and director of	corporate issuers and	of corporate general and m	anaging partners of	partnership issuers; and	
Menaging Partner	· Each general and ma	anaging partner of	f partnership issuers.				
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	Full Name (Lass name first, il	individual)					_
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				B	. INFORM	ATION AB	OUT OFFE	RING				
I . Has the	e issuer so	old, or does	the issuer	intend to	sell to nor	n-accredite	d investor	in this of	ferino?		Yes	No IDA
	200001 50	, or a ou			o in Appen				-	•••••		X
2. What is	the mini	mum inves	tment that					-			§ 25.	000
											Yes	No
			int owners									
commis If a pers or states	sion or sin son to be li s, list the n	nilar remur isted is an a same of the	ested for ea neration for associated p broker or d set forth the	solicitatio erson or a lealer. It m	n of purcha gent of a br ore than fiv	sers in con oker or dea ve (5) perso	nection wit aler register ons to be lis	h sales of s ed with the ted are ass	securities is SEC and	n the offer or with a s	ing. tate	
Full Name	(Last nam	e first, if it	dividual)									
Business o	r Residen	ce Address	(Number a	nd Street.	City, State.	Zip Code)			,.	~·····································		
Name of A	Associated	Broker or	Dealer									
States in V	Vhich Pers	son Listed	Has Solicit	ed or Inter	ds to Solic	it Purchase	ers			·		
(Chec	k "All Sta	tes" or chec	k individu	al States)	***************************************		······		·	·····	🗆 ′	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first, if in	idividual)									
Business o	r Residen	ce Address	(Number a	and Street,	City, State	, Zip Code)					
Name of A	ssociated	Broker or	Dealer									
States in V	Vhich Pers	on Listed	Has Solicit	ed or inter	ds to Solic	it Purchase	rs				· · · · · · · · · · · · · · · · · · ·	
(Chec	k "All Stat	tes" or chec	k individus	al States)							🗀 🗗	II States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first. if in	dividual)									***************************************
Business o	r Residenc	e Address	(Number a	nd Street,	City, State,	Zip Code))			· · · · · · · · · · · · · · · · · · ·		
Name of A	ssociated	Broker or I	Dealer									
States in W	hich Pers	on Listed I	Has Soliciu	ed or Inten	ds 10 Solic	it Purchase	ers					~
(Chec	k "All Stat	es" or chec	k individua	l States)							_ [] A	ll States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	
 Enter the aggregate offering price of securities included in this offering and the total amount sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering this box and indicate in the columns below the amounts of the securities offered for exchanged. 	g, check	
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	s -0-	s -0-
Equity		s -O-
Common Preferred		
Convertible Securities (including warrants)	<u>s -0-</u>	<u>s -0-</u>
Partnership Interests	<u>s0-</u>	s: -0-
Other (Specify LLC Units		s250,000
Total		
Answer also in Appendix, Column 3. if filing under ULOE.	<u> </u>	
the number of persons who have purchased securities and the aggregate dollar amount purchases on the total lines. Enter "O" if answer is *'none" or "zero."		Aggregate
	Number Investors	Dollar Amount of Purchases
Accredited Investors	3	s 250,000
Non-accredited Investors		s <u> </u>
Total (for filings under Rule 504 only)		s <u>-0-</u>
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all s		
sold by the issuer, to date. in offerings of the types indicated, in the twelve (12) months prior first sale of securities in this offering. Classify securities by type listed in Part C Quest		
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505		« -0-
Regulation A		s -0-
Rule 504		2 -0-
		s -0-
a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an expension to known, furnish an estimate and check the box to the left of the estimate.	n of the insurer.	V
Transfer Agent's Fees	·	so_
Printing and Engraving Costs		s 500
Legal Fees	=	\$ <u>15.000</u>
Accounting Fees	_	\$ <u>-0-</u>
Engineering Fees	_	s -0-
Sales Commissions (specify finders' fees separately)		2
Other Expenses (identify)	-	s <u>-0-</u>
Total	🔯	s.15,500

	OFFERING FRICE, NUM	BER OF INVESTORS, EXPENSES AND USE OF PROCEEDS
٠	and total expenses furnished in response to Part C	ering price given in response to Part CQuestion 1Question 4.a. This difference is the "adjusted gross \$\frac{4,984,500}{2}\$
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross art C-Question 4.b above.
		Payments to
		Officers. Directors, & Payments to
		Affiliates Others
	Salaries and fees	
	Purchase of real estate	
	Purchase, rental or leasing and installation of m	chinery
	• •	cilities
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	
	- · · · · · · · · · · · · · · · · · · ·	
		[s -0- [s -0-
	Column Totals	
_	Total Payments Listed (column totals added)	<u>∏</u> \$ <u>4,984,50</u> 0
_		D. FEDERAL SIGNATURE
igr	nature constitutes an undertaking by the issuer to fa	ne undersigned duly authorized person. If this notice is filed under Rule 505, the following trnish to the U.S. Securities and Exchange Commission, upon written request of its staff, redited investor pursuant to paragraph (b)(2) of Rule 502.
5511	er (Print or Type)	Signature g Date
	namic Return LLC	Crecka Smentiner 11-17-05
Эу		1
	ne of Signer (Print or Type)	Title of Signer (Print or Type)

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C.1001.)

	E. STATE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Y e s	No ⊠					
	See Appendix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is fil D (I 7 CFR 239.500) at such times as required by state law.	led a not	ice on Form					

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the
- issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Dynamic Return LLC	aucha Buerther 11-1705
Name (Print or Type)	Title (Print or Type)
Ericka Guenther	Manager of Guenther Capital LLC, Manager of Dynamic Return LLC

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	· · · · · · · · · · · · · · · · · · ·			AF	PENDIX					
1	Intend to non-a	2 I to sell coredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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AZ								;		
AR										
CA									:	
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				APP	ENDIX				
	Intend to non-a investor	d to sell accredited as in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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NE									
NV					·				
NH									
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NM									
NY		,							
NC									
ND	····								
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				APP	ENDIX				***************************************
1	Interestor investor	d to sell accredited as in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Itern 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	-								
PR									